

**STATE CORPORATION COMMISSION  
BUREAU OF FINANCIAL INSTITUTIONS  
1300 EAST MAIN STREET, SUITE 800  
P.O. BOX 640  
RICHMOND, VIRGINIA 23218-0640**

**SURETY BOND  
FOR MONEY TRANSMISSION**

Bond No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, \_\_\_\_\_,  
as principal, and \_\_\_\_\_,  
as surety, are bound unto the Commonwealth of Virginia in the penal sum of  
\_\_\_\_\_ (\$ \_\_\_\_\_),  
payable to the State Corporation Commission, for the payment of which we bind ourselves,  
our heirs, executors, administrators, successors and assigns, jointly and severally, by these  
presents:

WHEREAS, the above-named principal has applied to the State Corporation  
Commission for a license to engage in business under the Virginia Code, Title 6.1, Chapter  
12;

NOW, THEREFORE, the conditions of this obligation are such that if the above-  
named principal shall strictly comply with the provisions of said chapter and all regulations  
duly promulgated thereunder, and fulfill its obligations to persons initiating or receiving  
money transmissions, as defined in Chapter 12 of Title 6.1 of the Virginia Code, and shall  
pay and satisfy all loss, damage, and liability suffered by or owing to the State Corporation  
Commission or any persons dealing with the principal on account of its violation of any  
such laws, regulations, and obligations, then this obligation to be void, otherwise to remain  
in full force and effect.

In no event shall the aggregate liability of the surety exceed the penal sum specified herein. The surety shall have the right to terminate its obligation under this bond by written notification to the principal and the Commissioner of Financial Institutions at least ninety (90) days prior to the effective date of such termination. Obligations of the surety arising prior to such effective date shall not be affected by such termination.

WITNESS the following signatures and seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Persons executing for surety, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for surety.

\_\_\_\_\_  
Principal-Print Name

By: \_\_\_\_\_(Seal)  
Signature

\_\_\_\_\_  
Surety-Print Name

By: \_\_\_\_\_(Seal)  
Signature

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON WITH SURETY TO BE CONTACTED IN THE EVENT A CLAIM MUST BE FILED:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_